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PTO/SB/81 (06-04)

Approved for use through 11/30/2005: OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|------------------------|--------------------------------|
| Application Number | 10/776,975 |
| Filing Date | 02/12/2004 |
| First Named Inventor | Mark V. Loen |
| Title | Method to accurately measure t |
| Art Unit | 3662 |
| Examiner Name | |
| Attorney Docket Number | |

I hereby appoint:

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OR

☐ Practitioner(s) named below:

| Name | Registration Number |
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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|---|--------------------------|-------|------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Mark V. Loen | | | | |
| Address | 200 Fernwood Rd, Apt. 14 | | | | |
| Address | | | | | |
| City | Wintersville | State | Ohio | Zip | 43953 |
| Country | USA | | | | |
| Telephone | (740) 266-6771 | Fax | | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

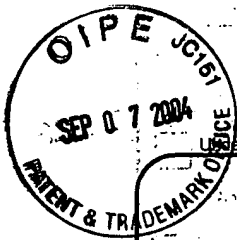
| | | | |
|-----------|-------------------|-----------|----------------|
| Name | Mark V. Loen | | |
| Signature | | | |
| Date | September 4, 2004 | Telephone | (740) 266-6771 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

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| Application Number | 10/802,338 |
| Filing Date | 03/18/2004 |
| First Named Inventor | Mark V. Loen |
| Title | Method to accurately measure s |
| Art Unit | 2877 |
| Examiner Name | |
| Attorney Docket Number | |

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|---|--------------------------|-------|------|-----------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Mark V. Loen | | | |
| Address | 200 Fernwood Rd, Apt. 14 | | | |
| Address | | | | |
| City | Wintersville | State | Ohio | Zip 43953 |
| Country | USA | | | |
| Telephone | (740) 266-6771 | Fax | | |

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)**

| | | | |
|-----------|---------------------|-----------|----------------|
| Name | Mark V. Loen | | |
| Signature | <i>Mark V. Loen</i> | | |
| Date | September 4, 2004 | Telephone | (740) 266-6771 |

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